

Youth Group Field Trip Parental Release Form

Participant Information

Full Name of Participant

Age

Home Address

Parent/Guardian Information

Parent/Guardian Name

Contact Phone Number

Email Address

Field Trip Details

Destination

Date of Trip

Medical Information

Medical Conditions / Allergies

Emergency Contact (if different)

Emergency Contact Phone

Permissions and Waiver

I hereby authorize my child to participate in the above-mentioned youth group field trip. I release the leaders, volunteers, and organizing entity from liability in case of accident or injury, except in the event of gross negligence. I have provided all relevant medical information and consent to emergency medical treatment if necessary.

Parent/Guardian Signature

Date